



## State of Nevada Victims of Crime Program

### Payment Request Voucher

*Submit with original bill, EOB, or receipt for any crime related expense*

Victim/Applicant Name:

VOCP Claim #

### Claim Information:

Invoice #

Invoice Date:

Date of Service:

Amount Requested:

Description of attached document:

Was this service or product provided to the victim or applicant listed above?

☐ Yes

☐ No If No please explain:

Was this service or claim necessitated by the crime?

☐ Yes

☐ No If No please explain:

Did the victim or applicant pay any portion of this claim?

☐ Yes If Yes please explain:

☐ No

Is there any additional information or instructions about the claim the VOCP should consider?

☐ Yes If Yes please explain:

☐ No

Where should payment be sent?

*The information provided herein is true and accurate to the best of my information and belief*

Authorized Signature:

Print Signers Name:

Date:

Telephone #

Email address:

Mail to: VOCP  
P O Box 94525  
Las Vegas, NV 89193-1525

Fax to:  
(702) 458-5586

Scan and email to:  
[applications@voc-net.com](mailto:applications@voc-net.com)